

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: <input checked="" type="checkbox"/> HCP <input type="checkbox"/> IE <input type="checkbox"/> IC	Response Timely Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Requestor Atlantis Healthcare Clinic, L.P. 6300 Samuell Blvd. #112 Dallas, TX 75228	MDR Tracking No.: M5-05-0071-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Zurich American Ins. Co. Rep. Box # 19	Date of Injury:
	Employer's Name: Atrium Co. Inc.
	Insurance Carrier's No.: 2720042040

PART II: FEE DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
12-26-03	12-26-03	99080-73	\$15.00	\$15.00
12-29-03	3-29-04	98940 (5)	\$33.08	\$165.40
1-15-04	4-1-04	97140-59 (4)	\$34.13	\$136.52
12-23-03	4-15-04	99213 (13)	\$66.19	\$860.47
1-12-04	2-26-04	97110 (13)	\$147.96	\$0.00
12-23-03	12-23-03	97110 (2)	\$71.80	\$0.00
1-5-04	1-15-04	97110(8)	\$73.98	\$0.00
2-17-04	3-16-04	97110	\$110.97	\$0.00
1-5-04	3-16-04	G0283 (18)	\$14.41	\$259.38
2-17-04	2-17-04	95833	\$44.99	\$44.99
1-13-04	3-18-04	95851(2)	\$26.40	\$52.80
2-24-04	2-24-04	95851	\$79.20	\$79.20
1-27-04	1-27-04	95851	\$105.60	\$105.60
1-20-04	2-3-04	95834(2)	\$108.12	\$216.24
1-6-04	2-3-04	97018 (6)	\$8.76	\$52.56
1-20-04	3-18-04	95831(4)	\$30.56	\$122.24
2-3-04	4-6-04	96004(3)	\$152.75	\$458.25
TOTAL				\$2568.65

Neither party in the dispute submitted EOBs for some of the disputed services identified above. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per Rule 14.202.

Rationale for 97110: Recent review of disputes involving one-on-one CPT code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with Rule 134.202 and 133.307(g)(3). Therefore, reimbursement is not recommended.

Rationale for 99080-73: Per Rule 129.5(d), reimbursement for the TWCC-73 is recommended. report

PART III: MEDICAL NECESSITY DISPUTE

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 9-1-04.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that 96004 and 98940 were not medically necessary. The IRO concluded that all other services rendered from 11-26-03 through 4-27-04 were medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to reimbursement in the amount of \$2568.65. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Authorized Signature

Elizabeth Pickle, RHIA

Typed Name

May 5, 2005

Date of Order

PART V: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____



Specialty Independent Review Organization, Inc.

Amended Decision

January 18, 2005

Hilda Baker-*/
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0071-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records received, the injured employee ___ was injured in a work related accident on ___. ___ was working in a fabric warehouse when he was injured. The patient was working at a station when the cable to the machine snapped and struck ___ in the arm causing his injuries. He suffered lacerations to the right arm, which required ___ to be taken to the ER. ___ subsequently had surgery on 10-1-2003 for his injuries to the right arm for extensor tendon damage. The patient was placed in a cast until late November 2003. ___ began a course of post-operative therapy. Later on 2-27-2004, ___ underwent another surgery for complications of his condition. The patient was then referred to post-operative therapy again. Dr. Marivel Subia is the treating doctor for the purpose of this review although Dr. Peterson was the provider of services.

The records include but are not limited to the following:

Medical Dispute Resolution paperwork
Table of Disputed Services
Multiple EOB's
Report from Flahive, Ogden, & Latson
Treating Doctor Position Statement
Treatment Records from Treating Doctor
Operative report by Dr. Oishi
Note from Dr. Small dated 11-13-2003
Note from Dr. Payne dated 11-21-2003
Notes from Dr. DiLiberti dated 1-29-2004, 3-10-2004, and 3-30-2004

DISPUTED SERVICES

Disputed services include office visits, reports, manual therapy, manipulations, stimulation, muscle testing, range of motion and traction from 11/26/03 through 4/27/04.

DECISION

The reviewer agrees with the previous adverse decision regarding 96004 and 98940.

The reviewer disagrees with the previous adverse decision regarding all other services under review.

Some of the disputed services are listed as Fee Dispute and thus no decision regarding those services is made.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines including references to Bednar, M., and T. Light. "Hand Surgery." Current Diagnosis and Treatment in Orthopedics. Skinner, J.B., and Harry B. Skinner, eds. Norwalk: Appleton & Lange, 1995. 468-479.; Hunter, James, et al. Rehabilitation of The Hand: Surgery and Therapy, 3rd ed. St. Louis: The C.V. Mosby Company, 1990.; Stanley, Barbara, and Susan Tribuzi. Concepts in Hand Rehabilitation. Philadelphia: F.A. Davis Company, 1992., and Medicare Payment Policies.

The Medical Disability Advisor states that "Recovery from hand tendon repair is an intricate process. Tendons may be part of the mechanism of opening the hand (extension) or closing it (flexion). Careful analyses of the initial trauma as well as the corrective procedures are a determinant in creating an effective therapy schedule. However, the therapy schedule is not rigidly set. Progress is determined by the individual's functional improvement." In addition the MDA recommends "As therapy progresses, the integrity of the hand structures should be functionally evaluated to minimize the risk of reinjury. In addition, scar management is crucial to restoring appropriate biomechanical function during and after therapy. A program for scar management is initiated once sutures or the cast is removed." ____ also suffered a complicating condition in that he developed adhesions requiring a secondary surgery, which would contribute to his protracted therapy and recovery period. As such, the therapy and treatment rendered would be medically appropriate and necessary as identified in the decision above.

According to the AMA CPT 2004 Professional Addition, code 96004 describes "services performed as part of a major therapeutic or diagnostic decision making process. Motion analysis is performed in a dedicated motion analysis laboratory (i.e., a facility capable of performing videotaping from the front, back and both sides, computerized 3-D kinetics, and dynamic electromyography). The records reviewed by code 96004 do not meet these criteria.

In regards to 98940, the reviewer states that the documentation does not support or substantiate the manipulation as medically necessary on the same date of service as the office visit 99213.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director